PTOSB17 (10.39

Approved for use through 96/30.01) (0.00 86/31.003)

U.S. Patient and Trademark Officer U.S. DEPARTMENT OF COMMENCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information united a definings, a valid control number.

Effective on 12/08/2004. Fees pursuant to the Cansalidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known					
			Application Number 16/584,876					
			iling Date		June 29, 2006			
For FY 2009		F	irst Named Inver		BONNET, Anthony			
			xaminer Name		PAUL, Jessica Marie			
Applicant claims small entity status. See 37 CFR 1.27			rt Unit	1767	1767			
TOTAL AMOUNT OF PAYMENT (\$) \$560.00		^	ttorney Docket N	o FR-A	FR-AM2003NP			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 012717 Deposit Account Name:								
For the above-identified depi					t apply)			
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 a	nd 1.17	card info-	mation should no			Provide credit card		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, A								
	JNG FEES Small Entity		H FEES Small Entity		ATION FEE Small Entity			
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald (\$)		
Utility 33		540	270	220	110			
Design 22		100	50	140	70			
Plant 22		330	165	170	85			
Reissue 33		540	270	650	325			
Provisional 22	20 110	0	0	0	0	***************************************		
2. EXCESS CLAIM FEES Fee Description					Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (includin	g Reissues)				52	26		
Each independent claim over	:5)			220	110			
Multiple dependent claims	N	_	. D-14 /ft		390	195 Dependent Claims		
Total Claims Extra C	Claims Fee (\$)	Fee	Paid (\$)		Multiple Fee (\$)	Dependent Claims Fee Paid (\$)		
HP = highest number of total claims p					7.XX.1.X1	LECAL MARKAGE		
Indep.Claims Extra		Fee	e Paid (\$)		***************************************	***************************************		
-3 or HP =	×		***************					
HP = highest number of independent claims paid for, if greeter than 3.								
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer 								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
-100 = /50 = (round up to a whole number) x = 4 OTHER FEF(S) Fees Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
				harge		560		
Outer (e.g., tate titing surer	Other (e.g., late filing surcharge): Two (2) Month Extension of Time Surcharge 560							

SUBMITTED BY							
Signature	Thou FRU	Registration No. (Attorney/Agent) 42116	Telephone	610-205-7314			
Name (Print/Type)	Thomas F. Roland		Date	December 12, 2011			

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments incouring yearnering, proporting, and supriring the completes appreciation form of the USF U. Time will vary depending upon the individual case, Any comments on the amount of this you require to complete this form and/or suggestions for reducing this budger, should be sent to the Chief information of the Commence, P.O. Box 1450, Alexandris, W.A. 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, W.A. 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, W.A. 2213-1450, W.A. 2213-1450.